

ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		16	10 699
FORMALITY REVIEW	THUMB	70976	10-13-99

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim.	Date
Final	Original
1	12/15/00
2	1/10/01
3	1/10/01
4	1/10/01
5	1/10/01
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8	1/10/01
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50	1/10/01

Claim	Date
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Claim	Date
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